

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578473

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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37						
38	1					
39		1				
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42						
43						
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45						
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47						
48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	↑		↑		↑	↑
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	2		↑		↑	↑
TOTAL CLAIMS	72		↑		↑	↑
TOTAL CLAIMS	74					